

# Equality Impact Assessment [version 2.12]



Title: Occupational Health and EAP Contract	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input type="checkbox"/> Already exists / review <input checked="" type="checkbox"/> Changing
Directorate: Workforce and Organisational Development	Lead Officer name: Christina Czarkowski-Crouch
Service Area: Health Safety and Wellbeing	Lead Officer role: Head of Health Safety and Wellbeing

## Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

### 1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Since April 2021, Occupational Health Services and the Employee Assistance Programme Service have been supplied by Health Management Ltd. The current contract ends on 30<sup>th</sup> March 2024. Although we are able to extend the contract it is proposed to go out and test the market to continue to procure Occupational Health and Employer Assistance Programme services under a single supplier, as is the case at present. This will enable the council to consolidate its offer of wellbeing support holistically.

The proposed arrangements will ensure all employees will continue to have access to a comprehensive suite of occupational health and counselling support. This enables them to stay healthy at work; return to work quickly following an illness or injury; and maintain their health and wellbeing. A feature of the specification will be for clear pathways to be provided, so employees and managers can easily understand how services can be accessed.

The proposed arrangements will also ensure that we meet our statutory arrangements for health surveillance. This is a legal requirement for us to monitor and make health checks for employees who may be exposed to certain health risks, such as exposure to hand-arm vibration, noise, dust or certain chemicals.

### 1.2 Who will the proposal have the potential to affect?

<input checked="" type="checkbox"/> Bristol City Council workforce	<input type="checkbox"/> Service users	<input type="checkbox"/> The wider community
<input type="checkbox"/> Commissioned services	<input type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

### 1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	[please select]
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## Step 2: What information do we have?

### 2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-diversity)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<a href="#">Workforce Diversity - Power BI</a> Data taken as of 30 <sup>th</sup> June 2023	<p>The Workforce Diversity Report shows Bristol City Council Workforce Diversity statistics for Headcount, Sickness, Starters and Leavers data. The report is updated once a month with data as at the end of the previous month. It excludes data for staff employed by schools/nurseries, casual workers and agency workers. The details of the report are collected via the sensitive information section that staff themselves update in Employee Self Service on the Council's HR system (called iTrent).</p> <ul style="list-style-type: none"><li>• 11.4% of staff aged 16–29 compared with 39% of the Bristol Working Age population.</li><li>• 41.5% of staff are over 50.</li></ul>

**Disability** - We have an under-representation of disabled staff: 8.7% compared to the Bristol Working Age population at 12%.

**Ethnicity** - Some particular minoritised ethnic groups are underrepresented within the Council workforce compared to Bristol working age population:

- Asian or Asian British 2.9% versus 5.8%
- Black or Black British 5.2% versus 5.3%
- Mixed 3.5% versus 2.9%
- Other Ethnic Groups 0.5% versus 1%.

There is a higher representation of Black, Asian and Minority Ethnic staff in lower pay-brackets within the council as set out in our Race Pay Gap report.

**Sex** – Women are over-represented as staff: 60.9% versus the Bristol Working Age population of 49%. The council's gender pay gap analysis indicates that mean pay for men is 4.12% higher than that of women and the median pay for men is 8.24% higher than that of women. The difference between the median and the mean figures is due to the high proportion of women in the top quartile of employees. There is a negative gender pay gap for women in senior roles within the pay structure, which means that women are more likely to be paid more than men.

**Religion/Belief** – 32.3% of our workforce say they have religion/belief compared with 51% in the Bristol Working Age population.

**Sexual Orientation**- 6.1% of our workforce have told us they are lesbian, gay or bisexual, which compares with 9.1% for the Bristol Working Age population.

**Marital Status** – 17% of our workforce are Married, in a Declared Partnership or Civil Partnership. However, we do not have this data for 79% of staff and there is currently no comparative data for the Bristol Working Age population.

**Pregnancy/Maternity** – 2.4% of our colleagues are currently pregnant or on maternity leave.

**Trans** – 0.1% of our colleagues have recorded they are trans, however very few employees have made a declaration on this and there is no comparative data for the Bristol Working Age population.

**Socio-Economic (deprivation)** – 8.2% of the Council’s workforce live within Bristol’s most deprived areas.

**Additional comments:**

## 2.2 Do you currently monitor relevant activity by the following protected characteristics?

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Age                            | <input checked="" type="checkbox"/> Disability          | <input checked="" type="checkbox"/> Gender Reassignment |
| <input checked="" type="checkbox"/> Marriage and Civil Partnership | <input checked="" type="checkbox"/> Pregnancy/Maternity | <input checked="" type="checkbox"/> Race                |
| <input checked="" type="checkbox"/> Religion or Belief             | <input type="checkbox"/> Sex                            | <input checked="" type="checkbox"/> Sexual Orientation  |

## 2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don’t have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn’t mean that you can’t complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

Not all staff have completed the voluntary ‘sensitive information’ section on our HR/payroll system and so there may be some gaps in our data.

## 2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol’s diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing a change process or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Key stakeholders will be consulted on the service specification before procurement commences. This includes staff led groups, trade unions and relevant managers covering specific service areas.

## 2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

Stakeholders will be kept apprised of progress and consulted on any significant changes to the specification.

## Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc.

[Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

### 3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

#### GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

There are specific issues related to physical and mental health and wellbeing and long-term health and absence for the following groups if the contract specification does not include the appropriate mitigations.

The contract specification will test to ensure that the provider understands that all staff have a right to high quality OH and EAP provision regardless of their relevant characteristics.

Young People, Older People, Disability, Sexual Orientation, Gender Reassignment, Race and Religion or Belief. These have been identified below.

#### PROTECTED CHARACTERISTICS

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	BCC young employee representation is below the Bristol working population 11.4% compared to 39%. However, young people are more likely to have accidents at work than older people and although they have specific health and safety regulations to protect them, they are particularly at risk from stress and mental health, bullying and harassment, and musculoskeletal conditions. In addition, young people will be expected to have a longer working life as there is now no defined retirement age with state pension age increasing, it could mean young people have a 50–55-year work span. The rapid changing rate of technology brings specific risks to young people including ergonomic and mental health.
Mitigations:	The contract specification will clearly require our partner to provide interventions and solutions that will focus on young people in how they engage and motivate participation and connections to the service. Clinicians and systems /processes will be required to demonstrate they can effectively engage with young people and interventions should be bespoke to this group particularly around stress and mental health.

<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	BCC older employees' representation is above the Bristol city average, especially for those aged 50-64. The proportion is 41.6% of the workforce compared to 21% of Bristol working population. Older people may be disadvantaged by not procuring the right supplier of OH& EAP if they do not have enough specialist clinicians who can deal with ill health retirement or able to provide multidisciplinary services and interventions to manage the risks in the workplace that could give rise to work related poor health and provide workplace support to manage employee's health conditions, particularly long-term health conditions.
Mitigations:	The contract specification will be clear in the requirement to be able to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for older workers. It will require interventions that are holistic and ensure that clinicians specialist staff and processes related to accessing the service recognise long term health conditions such as musculoskeletal disorders, heart problems and chronic breathing problems; alongside sensory perception, selective attention working memory and physical strength. Mental health. The expectation will be that any intervention will allow us to provide work-based support to manage employee's health conditions and be specific to that individual.
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	8.7% of BCC employees identify as Disabled, which is below the Bristol city working population of 12%. Over a two-year period 2021-2022, 495 (52.6%) of all referrals to OH were equalities related as per the legislation. This breaks down as 2021: 53% =324 & 2022: 51.35% = 171.  Disabled workers may be disadvantaged by not procuring the right supplier who is able to provide specific and multidisciplinary interventions that are both holistic and work alongside the Council's arrangements for reasonable adjustments and wellbeing. Clinicians, specialist staff and processes will need to be able to provide interventions that ensure disabled workers or those who have a long term physical or mental health condition are not placed at a substantial disadvantage.
Mitigations:	The contract specifications will be clear in the requirement to be able to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for disabled workers who or those who have a long-term physical or mental health condition.  It will require interventions that are holistic and ensure that clinicians specialist staff and processes related to accessing the service recognise any barriers including physical, policy, communication and social for disabled workers or those who have a long-term physical or mental health condition.
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	60.8% of BCC workforce are Female and 38.4% Male. There is a higher proportion of Female workers than the Bristol working population of 49%, whereas Male workers are lower than the Bristol working population 51%. Both Male and Female have specific health issues that should be recognised by the provider. Female workers are more likely to be exposed to environmental hazards and respiratory and skin reactions.  Females who are carers and exposed to ergonomic and muscular skeletal problems, psychosocial hazards including heavy workloads emotional demands, fatigue anxiety and sleep patterns.  There can be an increase in health conditions and symptoms at all stages of the menopause including mood swings, depression, heart disease, osteoporosis, and urinary tract infections.

	The top health issues for men include heart health, respiratory diseases, alcohol, depression and suicide, diabetes, flu and pneumonia. Due to the decline in testosterone, men in their 40s and 50s are more prone to weight gain and the risk for heart disease blood pressure and diabetes increases.
Mitigations:	The contract specifications will be clear in the requirement to be able to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for both Female and Male workers.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	6% of BCC workforce identifies as LGB which is below the Bristol City working population of 9. . Evidence indicates that psychosocial risks such as discrimination bullying and harassment in the workplace and the poor organisation and management of work play a significant role in the development of mental health problems and have been associated with the risk of depression, poor health functioning, anxiety, distress, fatigue and burn out. LGB workers are at greater risk and are 2-3 times more likely to have mental health problems.
Mitigations:	The contract specifications will be clear in the requirement to be able to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for workers who are LGB and have a long-term physical or mental health condition.  It will require interventions that are holistic and ensure that clinicians specialist staff and processes related to accessing the service recognise any barriers for workers who are LGB or have a long-term physical or mental health condition.
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	2.4% of the workforce are currently pregnant or on maternity leave. There are specific physical and mental health issues associated to pregnancy and maternity.
Mitigations:	The contract specification will require the provider to be able to provide specialist knowledge to support with physical and mental health associated to pregnancy and maternity.
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	0.1% of BCC workforce identifies as Transgender. There is no Bristol Working age comparator for Transgender workers. Evidence indicates that psychosocial risks such as discrimination bullying and harassment in the workplace and the poor organisation and management of work play a significant role in the development of mental health problems and have been associated with the risk of depression, poor health functioning, anxiety, distress, fatigue and burn out. Transgender workers are more likely (2-3 times) to attempt suicide due to mental health conditions.
Mitigations:	The contract specifications will be clear in the requirement to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for workers who are transgender and have a long-term physical or mental health condition.  It will require interventions that are holistic and ensure that clinicians, specialist staff and processes related to accessing the service recognise any barriers for workers who are transgender or have a long-term physical or mental health condition
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	12.1% of BCC workforce are Black, Asian or minoritised ethnic groups. (Asian and Asian British = 2.8%, Black or Black British = 5.2%, Mixed 3.5% and Other Ethnic Group 0.6%) which is overall below the Bristol City working population of 15% (Asian and Asian British = 5.8%, Black or Black British = 5.3% Mixed = 2.9% and Other Ethnic Group 1%). There are unique factors which impact on the mental health of people who are Black, Asian or from minoritised ethnic groups.  The impact of interpersonal racism in the workplace is a chronic stressor and workers will be more likely to experience stress, increased levels of psychosis and depression, emotional distress, trauma and post- traumatic stress, substance misuse and anger.
Mitigations:	The contract specification will require effective cross-cultural communication and provide well trained, intercultural mediators where required.

	OH and EAP providers will need to demonstrate that they can provide OH & EAP that is tailored to the needs of the individual, takes account of the unique cultural requirements and must be culturally appropriate to support workers emotional wellbeing and mental health.
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	32.2% (25.9% Christian, 6.3% Other Religion or Belief) of BCC workforce identifies as having a religion or belief which is below the Bristol City working population of 50.8% (43.5% Christian, 7.3% Other Religion or Belief). Discrimination against someone's religion or belief may increase the risk of psychiatric disorder, psychiatric distress anxiety and depression.
Mitigations:	The contract specifications will be clear in the requirement to be able to provide multidisciplinary interventions to maintain and provide employee health and wellbeing for workers who have a Religion or Belief and have a long-term physical or mental health condition.  It will require interventions that are holistic and ensure that clinicians specialist staff and processes related to accessing the service recognise any barriers for workers who have a Religion or Belief or have a long-term physical or mental health condition
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Other groups</b> [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	
Mitigations:	

### 3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [Public Sector Equality Duty](#) to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

Having an integrated OH and EAP service will continue to help our employees stay healthy and safe whilst in work and to manage risks in the workplace that could give rise to work-related ill health and/or disease. Bristol City Council has already invested in the health and wellbeing of all our workforce and by continuing to provide this service through a third party who have clinical expertise we will further reap the long-term benefits.

By continuing with an integrated service we will be able to access a multidisciplinary OH and EAP service that can link to our own strategy to enable all employees to stay healthy.

This also helps support our Workforce Strategy aim to have an inclusive and accessible workplace. The OH provision will play an important role in supporting us to maintain and promote employee health and wellbeing



through existing assessments of fitness to work, advice around reasonable adjustments and return to work plans linked to our own health and wellbeing plans.

Expert-led impartial advice and interventions will allow us to provide work-based support to manage employee's health conditions. Currently, long term sickness, musculoskeletal and mental health conditions remain key areas of concern for Bristol City Council. By good monitoring of the contract in line with Council procurement requirements we will be able to eliminate any unlawful discrimination of the groups identified.

## Step 4: Impact

### 4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

#### Summary of significant negative impacts and how they can be mitigated or justified:

The impact assessment has identified areas of impacts for individuals with protected characteristics. These are mainly to ensure that the provider has a clear understanding of the impacts and that they can provide interventions that are holistic and specific to the individuals rather than generic.

There will be a requirement to ensure that the provider understands that the physical and mental health should be addressed together to ensure the overall wellbeing of the person. The proposal will need to include not only the clinician input but also the process/systems they use to administer the contract.

#### Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The contract allows us to highlight our integrated approach to physical and mental health and wellbeing and allows us to promote good opportunities for working to provide a greater understanding of our highlighted protected characteristics.

### 4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
To ensure mitigations re included within the contract and specification and to test out mitigations as part of the contract and procurement process	Christina Czarkowski-Crouch	As part of the procurement process due by 31/03/2024
To monitor and manage the contract performance to ensure the standard of service is maintained and any issues are promptly dealt with	Christina Czarkowski-Crouch	Ongoing during contract

### 4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

Through the contract the provider will be required to provide regular management information and data around protected characteristics rather than generic equality data. Data will be triaged with BCC data on workforce diversity and sickness absence and annual stress risk assessments.

## Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b> <b><i>Reviewed by Equality and Inclusion Team</i></b>	<b>Director Sign-Off:</b> Steph Griffin
Date: 14/8/2023	Date: 18/8/23

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<sup>1</sup> Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.